**SAT--FORM G**

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| **Observation Form**  (Persons responsible for completion of this form—*SAT Lead or Member of the SAT Committee*) |

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| Student Name: | Grade: | Date: |
| School: | Teacher: | |
| Name of Referring Teacher or Parent/Guardian: | | |
| Name & Title of Observer: | | |
| **Circumstances of Observation (subject, teacher, time of day, reason for observation, etc.)** | | |
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| 1. Pace of work: more slowly  more quickly  *about the same* | |
| 2. Focus and attention span:  *better  poorer  about average* | |
| 3. Activity level: *more active  less active  about the same* | |
| 4. Language skills: *better  poorer  about average* | |
| 5. Demonstration of interest : *disinterested  very interested  about average* | |
| 6. Subject matter difficulty/frustration: *high  low  about average* | |
| 7. Emotional/social maturity: *less than  greater than  about average* | |
| 8. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| |  | | --- | | **B. Instruction observed for this student: (Check all that apply)** | | |
| Type of Lesson*:  visual  auditory  lg. group  sm. Group   one-to-one peer  other (specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Conceptual Content of Lesson:*concrete  abstract  both* | |
| Behavior Reinforcement:*positive  negative  ignored  isolation   Other (specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **C. Classroom Environment** | |
| 1. Amount of movement/activity allowed:*a great deal  some  minimal   none* | |
| 2. Amount of talking/noise tolerated: *a great deal  some  minimal  none* | |
| 3. Type(s) of feedback provided: *praise  criticism  corrective* | |
| 4. Tone/manner of used to communication: *supportive  matter of fact  direct* | |
| 5. During this observation, how did the teacher spend most of his or her time? (e.g. at the board, with a small group, at the teachers’ desk, circulating among students at work). | |
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| 6. What, if anything, about the teacher or classroom seemed to have a positive or negative effect on this student in particular? | |
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| |  | | --- | | **D. Based on this observation, check any area that may be an issue.** | | |
| Instructional level | Environmental factors |
| Developmental factors | Motor skills |
| Emotional factors | Psychological factors |
| Giftedness | Family factor |
| Cultural factors | Health/Medical factors |
| Other | English proficiency |
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| |  | | --- | | **F. Student Strengths:** What strengths were observed in this student that could be drawn upon in designing interventions? | | |
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